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DATE:

12/31/14

NAME: ICG-ORLANDO

TYPE OF FILING: WITHDRAWAL

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AUTHORIZATION:

COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: 1CG-ORLANDO, LLC	-
(Name of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
*	
Sampithe Musting.	
(Name of Person)	
1 CORE (INDBAL, LLC. (Firm/Company)	
(Firm/Company)	
FF POBOX 340896	
AUSTIN TEKAS 787 (City/State and Zip Code)	
For further information concerning this matter, please call:	
SAMANTIN MUETIA at (408) 722 0882 (Area Code & Daytime Telephone Number)	ـــا
;	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 1 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ICG-Orlando, LLC	
(Name of limited liability company)	
De la wa re (Jurisdiction of its organization)	
(Jurisdiction of its organization)	
1-9-2014	
(Date registered with Florida Department of State)	N-14-14-14-14-14-14-14-14-14-14-14-14-14-
M14000000229	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
	married and the second
(Signature of authorized representative)	
SAMANTHA MUETING	
(Typed or printed name of signal).	e-23-2-3

Filing Fee: \$25.00

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